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THE AFFINITY BETWEEN MALARIAL DISEASES AND THE EPIDEMIC OPHTHALMIA

As it Existed in South Carolina During the Summer and Fall of 1882.

BY E. MILLER, M. D.*

Ophthalmia in an epidemic form, during the past summer and fall, has pervaded this State from the seaboard to the mountains, and its simultaneous appearance and disappearance with a prevalent epidemic of malarial diseases has suggested the existence of a common origin. This disease prevailed in the same way about twelve years ago, in the fall, during the prevalence of an epidemic of malarial diseases, but my mind was not at that time impressed with their identity in origin. My remembrance of that epidemic was, that the disease, as of this year, did not yield promptly to the ordinary local treatment, but that it subsided with the disappearance of the malarial diseases on the approach of cold weather. I had personal connection with but few cases here, owing to absence in the mountains of South Carolina during most of its prevalence, but I saw a good deal of it in the upper counties of the State, where it seemed to have a preference for the country, the larger towns having fewer cases in proportion to population, and inquiries here develop the same results. Dr. F. P. Porcher, of Charleston, told me it had not prevailed in that city in his practice; that he saw but one case, and that was a gentleman of Georgia, from the country.

Dr. Rhett, who has charge of a dispensary on Charleston Neck, a locality noted for malarial fevers, told me he had seen at that place quite a number of patients with ophthalmia during the malarial season, but the disease disappeared when cold weather came on, leaving the impression on his mind of its malarial origin, and he had so expressed himself. He tried antiperiodics, but did not note results.

Dr. Kolloch, of Cheraw, tells me he is convinced of its malarial origin; remembers the epidemic spoken of twelve years ago, and the confinement of both epidemics to the malarial season, and their subsidence on the approach of cold weather; has tried antiperiodics, but did not note results; thinks it was more prevalent in the country than in Cheraw, where he resides; thinks a greater number of whites were affected than blacks in proportion to population.

The author has had occasion to note the marked prevalence of ophthalmia in sections of country notoriously malarial, and from personal knowledge can attest to its great prevalence in Arkansas and its almost universal existence upon the waters of the St. Francis, Cache, and White rivers of that State, than which it would be difficult to find a section in the United States more dangerously malarial. In that section it is very obstinate, more prevalent among the males, who undergo fatigues and exposures to the vicissitudes of climate. Indeed patients are often compelled to change climate before a cure can be effected under any treatment.

The Egyptian ophthalmia, occurring as it does in one of the most unhealthy climates, rendered so doubtless by the annual overflow of the Nile, probably owes its origin to similar causes as that producing the disease in the delta of some of the tributaries

* While in Charleston recently I expressed to Prof. F. Peyre Porcher my belief in the common origin of the epidemic ophthalmia we have had in South Carolina the past year and malarial fever, which also prevailed to an unusual extent. Dr. Porcher urged me to write on the subject and publish in your journal, and with your permission I adopt his suggestion. What I send is the result of clinical study of the subject. I am not aware of these views being entertained by any one but myself and those who have spoken in this article.

of the Mississippi, where an annual overflow occurs, and ophthalmia can be found, as we have seen, in greater virulence than in any other section of our country.

Egyptian ophthalmia is said to be caused from the bright sands of the desert, and small particles of the same floating in the air coming in contact with the eye, thus giving rise to irritation, the starting-point. The sands of our own coast, under all the above conditions, have not been recognized as a factor in the production of this disease. Perhaps the essential cause does not exist in sufficient degree on the beach, where the air is of the greatest purity from salt water.

Since the above was written I have had occasion to speak of my impressions of the etiology of this disease with several members of the profession, as well as with the heads of families who suffered with it; the latter, many of whom were very intelligent and observed the cases throughout, say they could not cure the eyes till they had given quinine and stopped the fever. Relapses were frequent and showed a preference for certain days, as malarial fever does, and the ophthalmia was the first to show the good effect of quinine. Regular exacerbations frequently occurred, and they generally suffered most at night or in the evening, being thirsty and nauseated, sometimes vomiting.

I have written inquiries to several physicians, and append some of their views in addition to those quoted at the beginning of this article.

Dr. Howe, of Columbia, under date of December 11, 1882, writes: "I have seen no evidence of malarial influence in the recent epidemic of ophthalmia; all cases treated by local applications as usual with favorable results. Gave no anti-malarial treatment except when indicated for other symptoms. As far as this section is concerned, it would be more than difficult to say malaria was the cause. There has been no difference as to race. All colors and ages seemed to be equally affected. Town no more exempt than the country."

Dr. Cowles, of Johnsons, Edgefield County, S. C., on December 15, 1882, writes: "I have treated a great many cases of ophthalmia, or purulent conjunctivitis, as I prefer to call it, in connection with malarial fevers, but I have failed to see any specific connection between the two affections. Whites and negroes were affected about alike, filth fostering the disease." In his two worst cases he used both restorative and local remedies. It was highly contagious.

Dr. F. L. Parker, Charleston, writes, December 21, 1882: "I would say to each of your inquiries, The epidemic of ophthalmia was due to atmospheric influences not easily explained; was contagious, generally mild, with tendency to recovery with the simplest treatment or none at all. The bad cases were due to improper applications. Malaria had nothing to do with it. There were no exacerbations. It was more prevalent in the country than in the city. Cold weather did not stop it. It stopped with cold weather because the material was nearly exhausted."

Dr. Munroe, of Marion, S. C., writes, December 26, 1882: "I am satisfied there was malarial connection between the epidemic ophthalmia last fall and the prevalent fever, both being of an intermittent type, and requiring anti-malarial treatment. I think their origin the same. The anti-malarial treatment relieved every case. Did not observe any preference for race or locality. Do not remember a similar epidemic about twelve years ago in my practice."

Dr. R. B. Maury, of Memphis, Tenn., writes, January 15, 1883: "I will state that it has not happened to me to observe any well-marked relationship between malarial diseases and ophthalmia. Dr. Gross, of Philadelphia, if I am not mistaken, expressed his belief in the dependence of that form of ophthalmia resulting in granular lids upon malaria. Whether this theory is generally accepted or not I do not know."

Dr. Holt, of New York, under the head of "Symptoms and Diagnosis of Malaria in Children," in the American Journal of Obstetrics, January, 1883, says: "My own experience abundantly confirms the statement made by Schmiedler, that there is scarcely any disease so changeable, so obscure, and so indefinite as intermittent fever in children." Hence the difficulty of many in recognizing our epidemic (ophthalmia) of last fall as malarial. More children than adults were affected. In some cases only one eye was affected. In some families only one patient out of several children had it, although all used in common the same bowls and towels.

FLORENCE, S. C.

MILK, allowed to remain at a temperature of 100° in a water bath for two hours, will keep sweet and pure for at least six months. It is important to seal it up before placing it in the water bath.—*Pharmaceutical Record.*

CHLORAL POISONING TREATED BY STRYCHNIA.*

BY B. W. STONE, M.D.

December 13, 1882, Tom K., a strong, outdoor, colored lunatic, of good disposition and habits, aged about fifty-five years, insane twenty-five years, stole from his attendant's room a two-ounce vial containing a solution of hydrate of chloral, thirty grains to the dram, from which only one dram had previously been removed. Chloral was manufactured by E. Schering, of Berlin. Patient had not taken a narcotic for five years, and is not suicidal. At 7 A.M., in the presence of a highly improved and reliable patient, he swallowed the remainder of the contents of the vial, leaving only about fifteen minims at the bottom. The quantity taken could not have been less than four hundred and twenty-five grains, and may have been four hundred and thirty-five. Stomach previously was entirely empty, with the possible exception only of a draught of water. Bowels and bladder had been evacuated a few minutes before.

Within five minutes after the chloral was taken the patient was profoundly under its influence. When I first saw him hardly twenty minutes had elapsed, yet efforts to arouse him from sleep were futile. I immediately attempted to administer a twenty-grains solution of sulphate of copper, and found apparently complete paralysis of the muscles of deglutition. No part of the solution passed into the stomach. Respiration was uninterrupted, and a quantity of the solution found its way into the lungs. Failing with the emetic, I immediately attempted to evacuate the stomach by the stomach-pump. The tube passed into the esophagus easily; but as soon as the posterior wall was reached respiration ceased, and pulse showed decided tendency to failure. I at once withdrew the tube. Artificial respiration had to be employed vigorously for several minutes before the function was re-established naturally.

Pulse of patient when first seen was 98, and regular; respiration 16, and somewhat stertorous. After attempts to evacuate the stomach, pulse rate increased to 120, intermittent and feeble; respiration 16, and shallow; stertor increased. Ten minutes later pulse improved, and a second attempt was made to introduce the stomach-tube. Precisely same effects upon respiration and pulse were produced. A few minutes subsequently the posterior wall of the fauces was merely touched by the finger, when alarming symptoms affecting respiration and pulse were at once exhibited. It was noticed at this time and throughout the management of his case that any motion of his head or other parts of his body had a marked effect upon the pulse, especially increasing its rate. Notwithstanding this cardiac irritability, there seemed to be a complete paralysis of voluntary motion. No muscular resistance could be excited by any sort of passive movement. All these effects are different from those seen in opium poisoning. I considered it prudent after this to make no further attempts to evacuate the stomach, on account of the peril to which my manipulations subjected my patient. I may have been influenced in this decision by having twice before seen more than one half the quantity of chloral hydrate which this patient took swallowed without fatal results.

The patient's condition excited little alarm for nearly two hours after the potion was taken. He was profoundly unconscious, but exhibited no tendency to failure when allowed to rest quietly. Pulse at 8 o'clock was only slightly feeble at 100; respiration 17; surface temperature scarcely affected.

8:15 A.M. Same condition, except respiration fell one act, and exhibited stertor. Faradization in the course of the phrenic nerve was employed with little effect.

9:5 A.M. Pulse became intermittent, feeble, frequent, and difficult to estimate. Respiration irregular, shallow, stertorous, and about of normal frequency. Extremities cool. Administered hypodermically one dram of whisky, and applied warmth to legs and back.

9:55 A.M. No improvement in respiration; pulse more frequent, feeble, and irregular; extremities cool; lips blue; and condition generally alarming, auguring speedy dissolution. I had expected to use digitalis hypodermically in the management of the case, with stimulant enemata, warmth, and friction; but at the suggestion of my colleague, Dr. Eager, I adopted Fothergill's plan of hypodermic injections of strychnia. I injected at this time a solution of one thirtieth of a grain of the sulphate, and at 9:40 A.M. one twenty-fourth of a grain. In two or three minutes after the second injection respiration became easier, and the pulse stronger and more regular.

10:45 A.M. Pulse again became more feeble and irregular; respiration stertorous, and seriously impeded by the accumulation of

*Read before the Christian County Medical Society.

secretions within the air-passages; cool surface and trembling of the entire frame, due probably to the lowered temperature. I injected one twenty-fourth of a grain of strychnia. Improvement of pulse and respiration followed in less than five minutes afterward.

10:45. Respiration about normal in frequency; pulse again becoming irregular and feeble. One twenty-fourth of a grain of strychnia was injected. Pulse soon improved in strength and regularity.

11:45. Pulse again irregular, rapid, and weak; respiration 20, with very little stertor. I injected one twenty-fourth of a grain of strychnia. Pulse became stronger, and frequency was markedly diminished in a few minutes. At this introduction of the hypodermic needle the patient exhibited indications of experiencing pain. Previously he seemed insensible. After the last hypodermic injection, twitching of various muscles, especially of the neck and face, became decidedly marked; and subsequently, no imperative indications arising, no more injections were employed. Pulse at this time (11:45 A.M.) was 104, respiration 20, both regular. Has coughed several times since last hypodermic, clearing the trachea of secretions which had accumulated and had not previously been expelled on account of impaired reflex excitability.

12:5 P.M. Pulse 108, slightly feeble and irregular; respiration 22. 12:10 P.M. Pulse stronger at 106. Nothing had been employed to improve it. 12:40 P.M. Pulse 120, respiration 22, and labored. Fluids accumulate in the air-passages; relieved by feeble coughing. Extremities cool. 1 P.M. Pulse 106, respiration 22, and easier. 1:10 P.M. Pulse 108, somewhat feeble and irritable; respiration 22; cough occasionally. 1:20 P.M. Pulse 104, respiration 22. 2 P.M. Pulse 108, respiration 20, both regular. 2:30 P.M. Pulse 112, respiration 24. 2:45 P.M. Pulse 112, respiration 22. 3:15 P.M. Pulse 116, respiration 22. 3:35 P.M. Pulse 116, respiration 22. 4:35 P.M. Pulse 120, respiration 22.

At this observation perspiration was noticed, near the wings of the nose especially, for the first time since the medicine was swallowed, and the patient moved his head, arms, and legs, apparently half consciously. 4:55. Pulse 122, respiration 22. Patient yawns, sighs, and groans occasionally. Skin generally shows more evidences of reaction. 5:10. Pulse 122, respiration 22. Patient now being loudly called by name, answered by a grunt, evidently indicating recognition of the call. 5:30 P.M. Used catheter, and found less than a tablespoonful of urine. None has passed since 7 A.M. 6:10. Pulse 110, respiration 21, both regular. 7 P.M. Pulse 108, respiration 20. 7:30. Pulse 106, respiration 22. Patient restless; groans occasionally; sits up in bed unsteadily; tries to get on his feet; talks indistinctly; took water into his mouth, but could not swallow it after ten minutes' trial, though anxious to do so. 9:40 P.M. Pulse 108, respiration 20, and easy. Patient walked with little aid to the water-closet, and evacuated his bowels and bladder.

December 14th, 8:30 A.M. Pulse 96, respiration 18. Tongue red at edges; tenderness over the stomach. Patient prefers not to keep his bed; has taken milk only for breakfast, as was ordered on account of probability of gastritis having been excited by the saturated solution of chloral swallowed on an empty stomach. 5 P.M. Pulse 85; tongue still red at the edges, furred in the center; tenderness of stomach not diminished.

December 15th, 9 A.M. Symptoms all improved.

The case we have related illustrates the great power of strychnia in re-exciting the nervous energies of the heart and lungs after they have been dangerously paralyzed by chloral. The prompt effect of each hypodermic at the most critical periods goes far toward establishing the physiological antagonism of the two drugs. The earlier hours in the progress of the case were characterized by more profound impairment of respiration. The frequency, force, and depth of the acts were invariably improved by the injections of strychnia, and the secretions accumulating to an alarming extent in the lungs were gradually removed. The hypersecretion was doubtless due to the vasomotor paralysis. The circulation did not show the same speedy and continuous improvement as did respiration. The latter gave no concern during the later stages of the case, while the weakened, rapid, and irregular heart's action continued, in gradually diminishing degree, to exhibit the paralyzing effect of the chloral for full twenty-four hours.

As to the effects of chloral upon the brain, consciousness was in complete abeyance for about ten hours, and was not fully operative for five hours more. The unnatural disposition to sleep lasted about thirty hours.

The activity of the skin was greatly impaired, and the surface temperature was markedly reduced. It is regretted that in

the earlier and specially important part of the management no thermometer was at hand and no record made of temperature.

The suppression of all action of the kidneys is noticeable, as well as its speedy resumption when general improvement set in.

Some of the authorities advise a similar plan of management in cases of chloral poisoning to that practiced in opium poisoning. In the light of our case, such advice would be mischievous. Instead of passive motion, flagellation, etc., so useful in opium poisoning, complete rest of the body is imperatively required to sustain the weakened and struggling heart. Electricity, of first importance in the treatment of opium poisoning, was apparently of little value here. In opium poisoning passive motion excites muscular resistance and tension and even violent exhibition of more than ordinary strength. In the profound paresis affecting especially the entire voluntary muscular system, produced by chloral poisoning, no such resistance would be possible. Atropia, much lauded in opium poisoning, was not tried, but would probably be of service in chloral poisoning.

Dr. Fuller, of England, reports an adult woman killed by thirty grains of chloral. Dr. Jolly's case died the fifth night, after having taken seventy-six grains every night at bedtime. Levenstein saved a man with strychnia who had taken three hundred and sixty grains of chloral. Dr. Eshleman, of Philadelphia, reports a recovery after four hundred and sixty grains had been swallowed. Dr. Madigon, of the New York City Lunatic Asylum, reports recently an ounce of chloral taken by a lunatic, a part of which was removed by the stomach-pump. The man recovered (without other treatment, if the case is fully reported,) after a sleep of forty-eight hours. This is the only case I have seen reported where the stomach was even partially evacuated, whether by the stomach-pump or emetics. The employment of either in our own case we believed to be dangerous and unwarrantable. Owing to this opinion of ours, and to our failure to remove from the stomach one of the four hundred and twenty-five grains of chloral swallowed by our patient, we are enabled to present a more interesting report to the profession.

HOPKINSVILLE, KY.

THE Kentucky State Medical Society will meet in Louisville on Wednesday, April 4.

TETANUS.

BY W. M. FUQUA, M. D.

In publishing this paper my object is simply to place on record sixteen additional fatal cases of tetanus, ten of which occurred in my own practice within the last twelve years, and the remainder were seen with my professional brethren. I wish, also, to call the attention of the profession to the use of camphor in this fearful malady, not because it cures, but because it, in my hands, better controls the tetanic convulsions than any other remedy; nor are we in danger of doing injury with it as with the more potent agents soon to be mentioned. All of these cases were the direct result of some traumatism except one, the result of frost bite. They occurred at all seasons of the year, and at all temperatures. Some appeared in dry weather, others during wet weather. No case appeared later than twelve days after injury, and none occurred earlier than two days after the injury. Each one of these cases would have served as a typical case. The onset of the disease was most insidious, gradually deepening, going from bad to worse until death occurred as the result either of exhaustion or spasm of the glottis. No remedy used seemed to exercise but the feeblest control over the tetanic condition except the chloroform inhalation, chloral, and especially camphor. Bromide of potash and ammonium, calabar bean, morphia, strychnia, arsenic, valerian, asafetida, sulph. ether, alcoholic stimuli were all brought into requisition in the management of these cases, but without the accomplishment of one iota of good so far as curative means were concerned. Atropia seemed to be of service in stimulating the heart's action and sustaining the respiratory nerve-center. Morphia often gave temporary comfort and induced sleep. Counter irritation along the spinal column seemed to be of no advantage, and in two cases seemed to increase the opisthotonus. The application of cold along the spine gave no comfort or relief, and was often discontinued at the request of the patient. Warm baths proved agreeable and refreshing, and often induced sleep. Amputation of the thigh in one case (the result of gunshot wound of knee-joint) was followed by marked relief, indeed, complete cessation of the convulsions, and the hope was indulged that he would recover, but after a few days slight opisthotonus supervened,

with light tetanic movement, and after ten days this youth of sixteen years succumbed to exhaustion.

In another case a lovely and beautiful girl of twelve summers, having tetanus from contused wound of the index finger, which was amputated, died a few minutes after recovering from the chloroform inhalation while endeavoring to take a few swallows of milk. This death resulted from spasm of the glottis. I have never used woorara, because it could never be obtained, nor have I used the gelsemium.

In this county there are only two well-authenticated cases of recovery in the last twenty-five years. One occurred in the practice of the late Dr. Jno. Fraser, of Lafayette; the other was treated by Dr. R. W. Gaines, ex-president of the Kentucky State Medical Society. The latter case was related to me by the patient himself, a Mr. Quisenberry, whom I attended in his last illness.

During my service upon the medical staff of the C. S. Army for four years it was my misfortune to see a number of cases of tetanus. All proved fatal. My father, who practiced medicine for half a century, never saw a recovery, and no well-authenticated case ever came under his observation.

I know personally of no case occurring as the result of a tenotomy, osteotomy, or from a simple fracture of a bone. It would seem that this is a germinal poison perverting and vitiating the functions of the nervous system, probably making its impression thereon through the agency of the blood. Therefore in the future we must look to the germicides, I think, with better hope of success than to any of the agents in popular use in this disease. I would suggest iodoform, carbolic acid, and permanganate of potash, to be used hypodermically, with the internal use of the hyposulphite of soda, and the convulsions to be controlled by giving chloral and camphor combined in full doses, both per orem and per anum. The adoption of this latter treatment can certainly be based on better theoretical grounds than by any of the older methods.

HOPKINSVILLE, KY.

FOOT-WARMERS.—A French scientific experimenter and discoverer of the system of heating with crystalline acetate of soda has demonstrated the very slow cooling of foot-warmers filled with that substance as compared with the ordinary warmers heated by hot water.

Miscellany.

KENTUCKY STATE BOARD OF HEALTH.—The attention of both the public and the profession has recently been directed to this organization by the secular and medical press of Louisville. The board was by no means prepared by virtue of past services, efficiency, or a judicious management of its affairs to stand criticism or comment, and hence has suffered. Indeed, to those members of the profession cultivating a laudable pride in professional work in behalf of the public, it may be said of the board, as was said of the defendant in the celebrated Bardell-Pickwick law suit, "the subject presents but few attractions." It has been discovered that one member of the board has never attended a meeting since the organization of the board. Another member has not attended for a year or more, and the quarterly meetings of the board failed for want of a quorum two or three times during the past year. The annual report of last year came out bristling with errors concerning the ordinary lessons of vital statistics, as well as in other matters relating to the public health. The major portion of the appropriation intrusted to the board goes to the salary and office-rent of the secretary, which official has recently delivered two popular lectures on public health in the State. With this exception the board has done nothing in the interests of the public health or sanitary science. Very naturally, a bill to increase the appropriation and powers of the board failed at the last session of the General Assembly. In consequence of recent comments and criticisms upon the inefficiency of this organization, a convention of county and local boards was called by the State Board to meet in Louisville on the 7th inst. This convention proved an utter failure. Only ten or fifteen persons were present, and not more than four or five of the one hundred and thirteen counties in the State were represented. The lack of co-operation and confidence thus evidenced by the profession of the State is much to be regretted. It is to be hoped that the board may by earnest work demonstrate its efficiency and thereby elevate the cause of sanitary science in the public esteem.—*The New York Medical Record.*

CONDENSED MILK AND INFANTS is the heading of a communication in a foreign exchange. It smacks of epicurean cannibalism.

MALARIA AND SEWERS.—The following, from the Pacific Medical and Surgical Journal, tells the story of all cities. "Whether rising as the mists rise, whether sinking as the rains sink, Hiawatha saw not, knew not; only knew that it had vanished." Such, very much, is our knowledge of the origin, departure or non-appearance of disease:

A year ago there was an extraordinary mortality in San Francisco. Some of the newspapers undertook to explain the cause, which they had no doubt was sewer-gas. The sewers were not in good condition and wanted cleansing. But cleansing the sewers did not diminish the mortality, nor was there any thing in the climate in the way of temperature, moisture, wind or storm, that would afford a satisfactory solution. So things went on until the death-rate gradually fell and reached its old minimum in the present winter. Our return to the former excellent sanitary condition has no visible cause. The winter has been remarkably cold, with the prevalence of a northerly wind, and this would have afforded a ready explanation had there been an increased mortality instead of the opposite.

The habit of many persons to attribute to sewer-gas or insufficient drainage or polluted water every marked increase of the death-rate is a bad one. Settling down in this conclusion they look no further. That evils arise from the causes above named we freely admit. But there are latent causes which thus far have eluded detection. The high death-rate of a year ago was not confined to San Francisco. It prevailed elsewhere, with sewers and without sewers—with good drainage and without it. It prevailed in fact throughout the State and in the Pacific region generally. This showed that it was not due to local causes, but to an extensive epidemic influence. The causation and nature of this epidemic influence are as yet involved in mystery. Sanitarians must direct their inquiries to the searching out of occult causes if they would place the subject on a firm basis. Electricity may have some agency—or that subtile something called ozone.

A curious fact bearing on the subject comes to us from Memphis. That city was terribly ravaged by yellow fever and cholera a few years ago. It gave a permanently high death-rate from year to year. On investigation, the cause became apparent. There was no regular sewerage. All the filth of a large city had accumulated on its soil. The citizens determined on a thorough purification and a perfected drainage and sewerage. At great cost a complete revolution was effected, and there was established what was supposed to be an excellent sanitary condition. And now we are informed that the death-rate of Memphis is not diminished—that it is as high as it was before the purification and sewerage. Such facts as this the sanitarian, has to encounter frequently. The problem is not yet nearly worked out. There are secrets yet to be discovered.

THE FUTURE OF MEDICINE.—Dr. Fothergill, in the Medical Times, thus quotes from a recent address by the learned Dr. B. W. Richardson, of London:

You have a race to run with the general public, and if you do not take care it will get ahead of you and undermine your curative skill altogether by leaving you nothing to cure. You may boast of your physiological learning; but where will it be if the people get it up for preventive purposes as heartily as you? You may boast of your pathology; but where will that be if the causes that beget it are removed wholesale? Think only of the book of pathology that will be closed to you when the use of only one disease-producing agent, *alcohol*, is, as it surely will be, thrown entirely out of use, and such like other evil agencies that are entirely under human control. You may boast of your materia medica; but how long will that be wanted when men are wise and call for it as reluctantly as the members of the faculty do themselves when out of health? You may boast of your diagnosis, your prognosis; but when pathology is wanting, and materia medica is a ghost, of what use are they?

HOURS OF DEATH.—Dr. Haviland, from a collection of over five thousand deaths, concludes: "In one thousand deaths in children under five years of age, the period of the greatest mortality took place during the hours between 1 and 8 A. M.; and there was an extraordinary immunity during the succeeding hours. Between 9 and 12 P. M. the rate of mortality was at its minimum."—*Dr. Sprechor, in Pacific Medical and Surgical Jour.*

OLD PEOPLE.—A lady aged one hundred and seven years died in Louisville last week. She was born in Ireland, but had resided here more than sixty years. Another, aged ninety-three, died in the city a few days since. And Dr. Graham, the companion of Daniel Boon, walks our streets in his ninety-eighth year.

"CATARRHAL" ULCERS.—At the meeting of the Berlin Medical Society on the 26th of January considerable interest was excited by the reappearance of Prof. Virchow, who held forth on the subject of "catarrhal" ulcers before a crowded audience. The gist of the address was to point out the erroneous nomenclature into which we had fallen, and which was probably to be largely attributed to the influence of Felix Niemeyer's well-known text-book. The course of argument followed out by Virchow consisted in this: Catarrh is essentially a disease of the superficial layers of the mucous membrane proper, and may lead to an *erosion;* but erosions are not ulcers. To produce the latter it is necessary that something more should come into play, and that may be in some cases an external agent, such as the diphtheritic poison, or some deeper form of inflammation, *e. g.* of the laryngeal perichondrium. Now catarrh is essentially a superficial complaint. When ulceration sets in the morbid process is no longer superficial, *i. e.* catarrhal, and hence the reason for Virchow's contention. In other words, simple catarrhal inflammation never, *per se*, leads to ulceration in a healthy subject.—*Medical Times and Gazette.*

SKEPTICISM IN MEDICINE.—Certainly he who has not faith, and does not use in the spirit of faith, properly guided by careful consideration and an ever-increasing experience, opium, ipecacuanha, mercury, arsenic, antimony, ergot, iron, zinc, phosphorus, bismuth, and their preparations, chloral, croton chloral, aconite, belladonna, sp. eth. nitrosi, sp. eth. sulphurici, quinine, iodide and bromide of potassium, and many other drugs, can never be a thoroughly successful practitioner in the curative results of his practice; nor can we believe him to be a happy one, if possessed of a conscience, since he must see many cases, that in other hands might do well, go from bad to worse, and end fatally in his. Instead of lowering the estimation in which our materia medica is held, increased knowledge is likely to carry it to a still more honored position, when the powers of each drug, from accurate observation, become more thoroughly defined.—*The Medical Press.*

A NEW YORK STATE MEDICAL SOCIETY. The conviction that this great State must have a medical society, in affiliation with the American Medical Association and the best physicians of this country and Europe, is becoming more general and profound. That the merest fraction of the medical corps of this State is to dominate the entire body, to disrupt, degrade, and disgrace it, no one can believe; and physicians of the State will deserve ruin and disgrace if they passively submit to be thus outraged and trampled upon. It needs but a strong "call," and the new State society, supported by the whole country and all the medical press (two journals excepted), would spring into vigorous being.—*Gaillard's Journal.*

DARK WAYS OF SOME NEW YORK DOCTORS.—A bill was recently introduced into the New York Senate by Mr. Pitts to prohibit medical societies from adopting rules forbidding practitioners from conferring with others than those of their own school of medicine. This looks like a desperate endeavor on the part of those New York specialists who are itching to consult with all sorts of irregulars in order to increase their income.

THE days of emotional music, as well as emotional preaching, are fast dying away, and soon physicians will cease to classify music as basilar, but perceive that it is in the highest degree cerebral—cease to associate it with the passions, but perceive in it the light of the most exalted reason.—*Dr. Tucker, in Chicago Med. Jour. and Ex.*

If this be true, it is unfortunate both for religion and music, as well as for the race. However, it is absurd.

DR. CATHELL says: Some people, indeed whole families, who will idolize the doctor as long as he is lucky and has neither unfortunate cases nor deaths in their families, will turn as rudely and maliciously against him as soon as either occurs as if he kept the book of life, and controlled the hand of God.

EVERY physician will and ought to make observations for himself, but he will surely arrive at the soundest judgment who compares what he sees and what he reads together. Were it not for this, the oldest physician would always be the best practitioner, and there would be no difference, in respect to the theoretical part, between an old woman and the most regular professor.—*Dr. Friend.*

A FAVORITE WATERING-PLACE—A modern dairy.—*Exchange.*

The Louisville Medical News.

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THE CODE OF MEDICAL ETHICS.

The recent action of the New York State Medical Society by which the honored Code of Ethics of the American Medical Association was abandoned, and the so-called new code, which is almost no code, adopted, has not been received by the profession in any portion of the country with favor. Indeed, the two medical journals in New York which have advocated the movement for more than a year past have not been at all enthusiastic or exultant over the steps taken at Albany last month. It may be the protest of such a large and repectable body of physicians as was presented at Albany, together with the open and expressed disapproval of the new code from such men as Flint, sr., Gaillard Thomas, Alonzo Clark, Sayre, Hutchison, Squibb, and others, has dampened the ardor of the advocates of this movement. The profession of the United States has from the beginning placed only one estimate on the motives which have actuated this movement, and the proceedings of the recent meeting at Albany confirmed this view. The position assumed by the New York State Medical Society is altogether untenable as a State society, though the specialists who have been so active may sever their connection with the profession. The State Society will either revoke its recent action or lose the best elements of its membership. Then we shall see the organization of a new State society, by which the profession of New York will be in affiliation with that of the whole country.

In the meantime the subject of medical ethics is being very thoroughly discussed in New York. The last number of the New York Medical Journal contains the first of a series of articles on Medical Ethics and Etiquette, from the pen of Professor Austin Flint, sr. The friends of sound medical ethics, and those who wish to see the honor and dignity of the profession upheld, could intrust the cause to no hands more trustworthy or true. Prof. Flint is by no means provincial, and he is known and respected every where for his probity, honor, and fair-dealing. And this, together with his well-earned distinction as a practitioner and teacher of medicine, renders him peculiarly fit for presenting the subject justly and forcibly.

Concerning the origin of the Code of Ethics of the American Medical Association, Prof. Flint gives the following account, which is as interesting as it is instructive:

> Prior to 1847 the codes of medical ethics which existed in this country were instituted by State or local societies, and in many, probably in most, of the States of the Union there were none. At the convention which resulted in the organization of the American Medical Association, in 1847, a committee, of which the late Isaac Hays was chairman, were instructed to report a code of ethics. This committee reported a code which was adopted unanimously, and from that date it has been recognized as the National Code throughout the whole country. With the single exception of a recent action by the New York State Medical Society, this code has remained without any material additions or modifications. It has had, therefore, the approval of the medical profession of the United States for a period of over thirty-five years. It is but justice to the memory of an excellent English physician to state that the American Code is based on that prepared by Thomas Percival, and published in 1803. Credit to Percival was given by Hays, in a note accompanying his report, as follows: "On examining a great number of codes of ethics adopted by different societies in the United States, it was found that they were all based on that by Dr. Percival, and that the phrases of this writer were preserved to a considerable extent in

all of them. Believing that language so often examined and adopted must possess the greatest of merits for such a document as the present, clearness and precision, and having no ambition for the honors of authorship, the committee which prepared this code have followed a similar course, and have carefully preserved the words of Percival whenever they convey the precepts it is wished to inculcate." Percival's Code of Ethics was prepared for a son who was about to engage in medical practice, and who died before its publication. It was dedicated to another son who was engaged in the study of medicine. In its composition, as he says in the dedication, his thoughts were directed to his son, "with the tenderest impulse of paternal love, and not a single moral rule was framed without a secret view to his designation, and an anxious wish that it might influence his future conduct." The following is another quotation from the dedication: "The relations in which a physician stands to his patients, to his brethren, and to the public are complicated and multifarious, involving much knowledge of human nature and extensive moral duties. The study of professional ethics, therefore, can not fail to invigorate and enlarge your understanding, while the observance of the duties which they enjoin will soften your manners, expand your affections, and form you to that propriety and dignity of conduct which are essential to the character of a gentleman."

MEDICAL EDUCATION IN AMERICA.

We reproduce the following item from the Medical Times and Gazette, of London, simply as an illustration of what inexcusable ignorance can accomplish, and how the unscrupulous may perpetrate slanderous injustice upon reputable institutions. If Dr. Wight has no more accurate knowledge of law than of medical education, he should beware how he speaks in public. No intelligent person, who notes the progress of education and science in America, can fail to see the marked improvement in medical education going on in America. Our institutions differ in many essential particulars from those of the Old World, and access to all the learned professions is different. There is a marked absence of governmental control in America, and the portals of the professions are more freely and readily opened. Our facilities in the best American medical schools are quite equal to those of European schools, and the average American practitioner is the peer of his brethren in any land. Access to the legal profession in America is unobstructed by either time or labor, and is a mere matter of worthless form. Yet our legal brethren are the constant critics of a system of education in medicine which is incomparably more exacting and thorough. The American medical student of to-day is unsurpassed by any in earnestness, industry and efficiency. Such statements as the following are inexcusable, and result either from gross ignorance or slanderous designs:

AN AMERICAN PHYSICIAN ON THE MEDICAL PROFESSION IN AMERICA.—Dr. O. W. Wight, a distinguished member of the medical and legal professions, and a leading medical jurist in New York, in a paper on Expert Testimony, says, "In this country we have no legitimate medical profession. Learned, able, and conscientious physicians and surgeons we have, but they are a melancholy minority in the great froth ocean of practitioners. In the United States there are nearly a hundred medical colleges, a majority of which are only chartered doctor-factories. To them flock every year green young men, many of whom could not write a sentence of correct English if the salvation of their souls depended upon the effort, who obtain certificates of study from easy-going practitioners, listen to miscellaneous lectures for twice fourteen weeks, and are graduated as doctors. The schools compete with one another for students by the ease with which they induct them into a learned profession. And this is not the worst of it. In most States an enterprising fellow who fails as a minister, a lecturer on phrenology, schoolmaster, or tin-peddler, is allowed (without any diploma) to put out his 'shingle' as a doctor; and he is pretty sure to get fools to employ him, for he has cheek, brass, push, pretension, and the audacity of ignorance. From such a heterogeneous crowd . . . parties in litigation find experts to testify to any thing they desire."

A TYPOGRAPHICAL ERROR.—In the last issue of the NEWS *painful*, instead of *painless*, was given as the literal meaning of indolent. This word is constantly misused by physicians, who speak of slow-healing sores, tardy ulcers, as indolent, when really they are often very painful. Indolent is from *in* and *dolens*, absence of pain.

Correspondence.

PARIS LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

Editors Louisville Medical News:

Your readers are doubtless aware of the interesting controversy that has been going on between M. Pasteur, of Paris, and Dr. Koch, of Berlin, and which originated in the address delivered by M. Pasteur at the International Congress of Hygiene, held at Geneva in September last. It will be recollected that in that address M. Pasteur made the startling assertion that all infectious maladies were of parasitic origin, caused by the presence of microbes, and which may be attenuated by certain methods of treatment peculiar to him. The results of some of these have been before the public for some time, but Dr. Koch criticises them most severely and considers that M. Pasteur's deductions respecting the efficacy of preventive inoculations are greatly exaggerated, not to say erroneous. I can not attempt to give even a summary or brief abstract of Dr. Koch's paper in the compass of an ordinary letter. I may, however, mention that Dr. Koch condemns M. Pasteur's methods of investigation as being defective and unreliable, as he confines himself to chemical re-agents to the exclusion of the microscope, which Dr. Koch considers even of greater importance than the use of chemicals in such investigations. Another cause of error on the part of M. Pasteur is that in his preventive inoculations he does not select animals of the same species as the subjects from which the virus is taken. Dr. Koch further observes that M. Pasteur, not being, a physician or rather clinician, may be excused, as he generally acted under the influence of preconceived notions acquired by his experiments in the laboratory or on the dead body, the results of which he thus obtained he naturally concluded may, by analogy, be applied to the living organism; his experiments are therefore of little or no value.

M. Pasteur has replied to Dr. Koch's criticisms; but as his rejoinder contained nothing new or different from what he had already stated, and as it is couched in terms not over-courteous, Dr. Koch declines any further direct controversy with him, preferring to leave the questions at issue to their ulterior evolution and to be settled by more positive and comprehensible facts than hitherto given by the learned chemico-biologist.

In connection with the above, I may mention that M. Pasteur is just now engaged in putting together the various communications he has made to the different learned societies on the question of microbes and viruses to which he has devoted so much of his time and attention. All his researches on the subject will be published in a condensed form, and will, I understand, soon be laid before the public.

Another very important subject that has been occupying the attention of the learned bodies and the medical press of this country is the epidemic of typhoid fever that has been raging in Paris for some months past. I shall not trouble your readers with any thing like a detailed account of all that has been said and written on the subject. I may, however, just briefly refer to the discussion that has taken place at the Academy of Medicine on the etiology and treatment of the affection, which has already occupied several sittings, and does not as yet seem to be near the end. French physicians are almost unanimous in attributing the disease to a specific germ or virus, the nature of which is at present unknown. The greater number do not believe in the contagiousness of the disease in the strict sense of the term, but that the latter is caused by certain cosmic influences which are still shrouded in mystery. As regards the fecal origin of typhoid fever the French physicians do not deny its possibility, but they do not attach the same importance to it as a theory that their English confrères do. This skepticism, however, on this point, is manifestly shaken by the recital of cases clearly traced to the fecal contamination of the water or other substances employed by patients.

There has been a greater divergence of opinion respecting the therapeutics of typhoid fever, but this need not detain us long, as the means employed and recommended were as different from one another as were the features of the speakers. Two or three of them, however, deserve a passing notice. Professor See's sheet-anchor is quinine and alcohol, separately or combined. Professor Jaccoud, with slight modifications, employed the same treatment, and in addition he administered salicylic acid, which in many cases he preferred to quinine as, besides possessing the antipyretic properties of the latter, it is a powerful antiseptic. He did not wish it to be understood that he employed salicylic acid as an anti-parasitic remedy, as he did not believe in the germ theory as applied

to typhoid fever; and even if the theory were correct, and supposing the existence of a microbe in the system to be established, how is it to be got at? The remedies that would suggest themselves being generally of a toxic character, the remedy in this case would be worse than the disease, for in wishing to kill the microbe we would kill the patient, or it would be like setting fire to a castle to destroy a mouse.

Professor Peter is opposed to any thing like a systematic mode of treatment, which he said was inconsistent with an affection so complex in its manifestations as typhoid fever is. Besides which, there are many other circumstances that should be taken into account, such as age, sex, climatic and social conditions, etc. In fine it is a treatment of indications, or, in other words, it is the patient and not the disease that should be treated.

Prof. Peter, like his two colleagues, set his face against the use of the cold bath as practiced by Brand in Germany, and which was introduced by Dr. Glénard, of Lyons, into this country, and the experience of the generality of the French physicians is any thing but encouraging toward the adoption of such a dangerous remedy.

One of the connecting links between the medical generations of the past and present centuries has just passed away in the person of Baron Jules Cloquet, who died in Paris at the advanced age of ninety-three. He was a member of the academies of Medicine and of Sciences and Commander of the Legion of Honor. He was formerly professor of surgical pathology and hospital surgeon, and surgery is greatly indebted to him for his many works in that branch. He was also author of a voluminous work on anatomy, which he began in 1821 and completed in 1830. It was for a long time the standard work upon the subject in this country, and indeed in all Europe.

Another distinguished character has been removed from us by the death of Dr. Bertillon, which took place yesterday, the 1st instant, in the sixty-second year of his age, after a long and painful illness. Dr. Bertillon was better known to the profession by his scientific works than as a practicing physician. He was at the head of the statistical office attached to the Prefecture of the Seine, and to him we are indebted for the introduction in this country of the mortuary reports, published weekly, which, although sometimes misleading, as are all statistics, yet they rendered great service to the public as well as to the profession. He was also professor of dermatology at the School of Anthropology, in both of which branches he greatly distinguished himself.

PARIS, FRANCE, March 2, 1882.

TYPHO-MALARIAL FEVER.

Editors Louisville Medical News:

Mrs. Watson, aged fifty-four, native of the United States, lived in Dunklin County twenty-five years; had very little sickness, and is the mother of five children. She was taken on the night of the 5th of March with convulsions in her sleep. A boy who was sleeping with her aroused the family, and Dr. Van Metre was sent for. He went down Tuesday, March 6th, and found her in a stupor; had convulsions in rapid succession, epileptiform in character, unilateral, and fell in coma when convulsions ceased, and was unconscious. Sometimes there was vomiting. He reported the case to me, and wanted me in consultation, not knowing what could be the trouble. Had to send some medicine before I saw her, and gave sixty grains of chloral hydrate in fifteen-grain doses every twenty minutes until quiet, and thirty grains of bromide of potash every two hours. I arrived at the patient's house at 2 P.M., and found her very restless, delirious, pulse 96, temperature 103.4°; tongue furred; skin dry. Had no more convulsions since she took the hydrate of chloral, but was unconscious; eyes wild; pupils somewhat dilated, but responded to light, but there was great intolerance to it. I directed calomel ten grains, and twenty-grain doses of quinine every four hours, and continued the bromide, cold effusions to the head, hot bottles to the spine, calling it a case of meningitis simplex, and being not sure if it might not be cerebro-spinal. I returned the next day and found a radical change. Patient perfectly conscious, but did not remember a single item of yesterday. Calomel and quinine had acted well, restoring rationality. There was excessive pain in the right shoulder, and some in the bowels, but not excessive; tongue looked somewhat better; temperature 101°, pulse 98. Directed to continue quinine in ten-grain doses every six hours, and milk and beef tea.

March 8. Temperature 103°, pulse 100; slight tympanites; constipation; kidneys acting freely; pulse rather weak. Directed ten grains of quinine in twenty-four hours; brandy in full doses until pulse responded;

nutritious food in liquid state; injection to move bowels.

March 9. Temperature 104, pulse 102; continued treatment in expectant plan, and directed hydrarg. cum creta, gr. iii, one every four hours; arom. chalk powders, c. opium, gr. viii; gave eight powders in all, with twenty-four hours intermission.

March 10. Temperature 105°, pulse 106; treatment continued; look for crisis this day; powders did well.

March 11. Temperature 106°, pulse 108; patient apparently feeling well; considerable deafness; very tired; some indications of hypostatic pneumonia.

March 12. Temperature 104, pulse 116; more cough; continued treatment; bowels had to be moved by injections; directed more brandy; sinapisms to lung and bowels.

March 13. Temperature 103.4°, pulse 120; the left cheek considerably flushed; troublesome cough; pulse well stimulated by brandy; bowels moved, dejection contained some blood; color, yellow; tympanites about the same; more delirious while asleep, and irritable. At 6 P. M. patient suddenly became unconscious; muttering delirium. There had been an escape of gas from the bowels and involuntary action. Death ensued March 14th, at 11 A. M. I suppose perforation of the bowels was the cause.

Now note two peculiarities of this case, and explain them to me, if you please. First, I never heard of or saw a case of typho-malarial fever that began with *convulsions;* then quinine, after exhibitions of large doses, restoring the mind and producing reaction; the return of the fever and termination in ulceration of the solitary glands; no diarrhea, but constipation.

I have had a good many cases of typho-malarial fever to treat, and had some success, but I never saw one like this before. I always found them to bear quinine well, and turpentine in emulsion acted well if there was ulceration of the intestinal glands. Typho-malarial fever of late is very malignant, and generally terminates on the 9th day. Three weeks ago I lost a male case similar to this woman's, only he was not seized with convulsions, but very delirious, unconscious, and attempted suicide. Wet-pack quieted him; became delirious again, and would not swallow his medicine; used quinine hypodermically, which caused a return of consciousness, but he died of excessive prostration.

E. VON QUAST, M. D.

MALDEN, MO.

Obituary.

DR. O. O. FARRAND.

The painful intelligence of the death of this accomplished physician and eminent practitioner reached this city by telegraph on Sunday last. His death occurred suddenly on March 18th, at his home in Detroit. Dr. Farrand was only forty-two years of age, and by activity, energy, and ability had attained a position at the very head of the profession in Detroit. At the time of his death he held the positions of surgeon to the Michigan Central Railroad, surgeon to the Department of Metropolitan Police, and president of the Detroit Board of Health. In addition to these responsible public duties he did a large general practice. The profession of Detroit has met with a severe loss in the death of Dr. Farrand. His influence as a physician and as a citizen was wide and strong, and his loss will be keenly felt both by the profession and the public.

WE are constantly reminded that the home of the physician is not exempt from the common doom, and the time comes when he who holds the shield to protect others can not succor and save his own. A knock comes upon the doctor's door more peremptory than any patient's midnight summons, and the loved one is suddenly called away to return no more.

We had not recovered from the shock of the sudden death of Mrs. James T. Whittaker, of Cincinnati, on the 3d instant, when we were apprized of the severe illness and death of Mrs. W. W. Dawson, of the same city.

Both Prof. Whittaker and Prof. Dawson have many friends among the readers of the NEWS who will read this notice with profound regret, and feel the deepest sympathy with them in this great affliction. No one knows more thoroughly than the physician how desolation and wretchedness come upon a home-circle by the taking away of its central figure. To our dear friends in the midst of inexpressible sorrow, we extend our warmest sympathies.

ERGOTINE SUPPOSITORIES.—M. Liebrecht, of Liège, has found that ergotine administered in this way is very rapidly absorbed. Its action is energetic, and it provokes no pain.

Selections.

SOME DELUSIONS REGARDING THE OYSTER.—Dr. Charles L. Dana, of New York City, says, in the Medical and Surgical Reporter:

For several years the statement has gone the rounds that the oyster digests itself. Dr. Wm. Roberts first gave it currency. The theory is, the oyster has a large liver containing a diastase, and this diastase in some inscrutable way digests the whole animal under suitable conditions. Thus it has become a widespread belief that the oyster, taken into the stomach, does, by virtue of its liver, execute a kind of *felo de se*. Such a belief is very consoling when a person is committing midnight indiscretions with *ostrea edalis*, and it is unpleasant to be obliged to dispel it. Yet it is a fact, which the accompanying record of experiments will show, that an oyster has *no more self-digestive power than a man.*

The hepatic diastase referred to has no power except to change glycogen into sugar, a very trivial matter. It can not even digest the liver tissue. I have kept oysters, previously crushed between the teeth, in water (temperature 100° F.) acidulated and neutral, for hours, with no resulting digestion whatever. I have even dissected out the liver, and given it the best possible chance to eat itself; but neither the mystic diastase nor any other ferment at all effected its succulent autonomy. The oyster does not and can not digest itself.

Nor are raw oysters more digestible than the cooked. I admit that the ordinary stew is less digestible than the plate of raw oysters. The stew generally contains milk, butter, and a larger number of oysters, all of which complicates the question. Half a dozen oysters, however, roasted in the shell, or simply boiled a short time, will be digested nearly or quite as rapidly as the same number of raw. Cooking coagulates the albumen, but *coagulated* albumen may be *more* digestible than raw. Thus the white of an egg, unless thoroughly beaten, is slowly digested, and, similarly, raw beef has to be finely minced in order to be quickly affected by the gastric juice. Cooking, on the other hand, loosens the tissue binding together the muscular fibrils, and allows the peptic juices to penetrate.

Fermented liquors do not dissolve or digest the oyster. Currency has been given in the Reporter and many other journals to the following highly instructive tale: Rev. Dr. Houghton, of Dublin, clergyman, physician, and physiologist, was sitting with a friend at a restaurant. Raw oysters had been brought them. Believing, however, that it is proper, *desipere in loco*, Dr. Houghton's friend ordered brandy. He himself ordered ale. Wishing to demonstrate the wisdom of his choice and the beauty of physiological processes, Dr. Houghton poured some brandy into one glass, and ale into another, and then dropped an oyster into each. The oyster in the brandy grew hard and shriveled; that in the ale gradually melted away in a diffusible invisible solution. Moral: drink ale with oysters.

Now, Dr. Houghton's name and authority have great weight. I doubt if the incident related really occurred, yet it is widely circulated and credited. But it is quite as well, if one is bound to have bad and bibulous habits, to put them as near as possible upon a physiological basis. Therefore I venture to deny the possibility and accuracy of Dr. Houghton's alleged experiment, at least as regards American oysters. These grow hard in ale or beer, instead of dissolving.

(We omit Dr. Dana's experiments by which he arrived at his conclusions. That they are correct is easily demonstrable.)

NERVOUS INFLUENCE.—It will be remembered that, during the illness of the late M. Gambetta, Professor Charcot insisted on cheerfulness being maintained in all the surroundings of his illustrious patient, on the theory of the influence which impressions conveyed from without had, through the nervous system, upon the general health. Two illustrations strongly bearing out the truth of this theory have lately come under my notice. The first was the case of a lady of highly nervous organization, in whose house the soil-pipe had become damaged, necessitating its removal and a new one being put in its place. This, of course, had the effect of closing all the water-closets in the house for a period of twenty-four hours or more. Accordingly, the lady became greatly agitated as to what was to be done during this time, and when the time came she had a very severe attack of diarrhea.

Case 2. A young lady went out hunting, fell into a wet ditch, and, on her way home, while still in her wet habit, had lunch with a friend, and then rode some miles. The consequence was she got a severe chill, which brought on an attack of jaundice. Her sister, a young lady of highly nervous

constitution, was shocked at seeing her yellow color, and the next day went to bed, saying she was going to have an attack of jaundice; and, after she had been a fortnight in bed, during which time I could find nothing much the matter with her, the urine became tinged with bile, the motions clay-colored, the skin yellow, and she went through a regular attack of nervous jaundice. The young lady's mother is now quite convinced that jaundice is catching, which no argument of mine can alter; "for," says she, "my daughter was feverish, and was yellow; therefore she had yellow fever, which every body knows is catching." After this, of course, there was no more to be said.—*Dr. Chas. F. Hutchinson, in British Medical Journal.*

FALLACIES OF ANALYSIS OF WATER.—The British Medical Journal thus concludes an interesting article on this important subject:

Polluting material, potent for harm, may be present in water "yielding from .00 up to .05 part of albuminoid ammonia per million" without removing it from the rank of waters of "extraordinary organic purity;" and it can hardly be properly predicated, in the case of an unknown water showing from .05 to .10 part of albuminoid ammonia, that it is "safe organically."

The lesson that appears to be taught by Dr. Cory's inquiries is, that while we must ever be on the watch for the indications that chemistry affords of contaminating matters gaining access to waters, we must (at any rate till other methods of recognition are discovered) go beyond the laboratory for evidence of any drinking-water being free from dangerous organic pollution. Unless the chemist be well acquainted with the origin and liabilities of the water he is examining, he is not justified in speaking of the water as "safe" or "wholesome," if it contains any trace whatever of organic matter; hardly, indeed, even if it contain absolutely none of such matters appreciable by his very delicate methods. "The chemist can, in brief, tell us of impurity and hazard, but not of purity and safety."

TREATMENT OF ULCERS BY RAW MEAT.—Dr. R. Menger, of San Antonio, reports, in the Texas Medical and Surgical Record, the cure of two obstinate chronic ulcers which had resisted the usual treatments:

In both of these cases I now tried the transplantation of raw meat as a substitute for epithelial transplantation, and the result was, to my surprise, very satisfactory. First, the legs were well washed with carbolized water and soap, also the ulcer cleansed with warm, carbolized water; then fresh meat, freed of all fibroid and tendrous tissue, was scraped off with a sharp knife and spread, in very thin layer, over the entire raw surface of the ulcer. After this the ulcer and entire lower extremity were bandaged with carbolized bandages, having previously covered the ulcer with absorbent cotton impregnated with fresh cod-liver oil. This was done every morning and renewed every evening. The remarkable result of this treatment was, that in the evening and morning when the ulcers were re-dressed, every particle of transplanted meat was entirely absorbed, and the ulcers themselves gained healthier granulations, and their dimension was diminished. The efficiency and superiority of this treatment is based on the following facts: (1) It is very easy to apply, and a great deal easier to procure fresh, healthy, raw meat than epidermis. (2) The process of granulation is stimulated to a great extent, and the ulcer heals with a healthy and solid cicatrix on the edges. (3) The probability of inheriting morbid tissue is a great deal lessened.

VEGETABLE VERSUS ANIMAL DIET.—T. R. Allinson, L.R.C.P., Ed., writes to the British Medical Journal and to the Lancet:

Last year about this time I determined to abolish fish, flesh, and fowl from my dietary, and see how I got on without them. I found at first that the ordinary vegetables, when eaten by themselves, were almost tasteless, and after a dinner consisting of them only I did not feel the satisfaction that I did after a meat meal. In the course of a few months my taste improved, and I learned to like them; and now I can eat them just as cooked. In the same way I have lost my taste for pickles, spices, pepper, and mustard; I still retain salt in small quantity. Now my meals satisfy me every way, and I do not experience the heaviness that I did after a meat meal. I used to suffer at one time from indigestion, but I have lost that since trying my experiment. I am very fond of mental work, and I find I can work better on my new diet. My bodily powers have not decreased, for I can run and walk as well as ever. Alcoholic drinks I have lost a taste for, and even the smell in some cases is disagreeable; the same with tobacco. My bowels

are as regular almost as clock-work. I was constipated once only for a month, and that was because I was travelling and could not well get whole meal bread. I was threatened with rheumatism, and had rheumatic pains in my joints, but all those have gone. My urine was very often loaded with lithates, but now it is always clear and never deposits any; this has been so since a fortnight after beginning. It smells sweet at times, and occasionally has a mild, roast-meat odor. I have gained about seven pounds in weight during the year. My diet consists of brown bread, fruit, and a cup of coffee for breakfast; two vegetables, brown bread, and a pudding or pie for my dinner; tea consists of a cup of milk-and-water, brown bread, and jam. If I eat supper I take a little bread and water, or bread and jam, cold pudding, or boiled onions. I do not eat peas, beans, or lentils above once a month. I do not eat more food as a non-flesh eater than I did as a mixed feeder. Butter, cheese, eggs, and milk enter sparsely into my dietary. In the warm weather I eat more green stuff, and in autumn plenty of ripe fruit. My spirits are improved, and bad temper now rarely troubles me. My senses have increased in acuteness. I shall be pleased to give any information or willingly answer any queries.

GASTROTOMY IN THE SEVENTEENTH CENTURY.—The *Berliner Klinische Wochenschrift* of February contains an account of a gastrotomy performed in the year 1635, at Königsberg. A countryman, six weeks previously, swallowed a table knife seven inches long. Dr. Daniel Schwaben operated by an incision just below the left costal margin, exposed the stomach, and at once felt the knife; cut down upon it, and drew it out. The stomach wound at once contracted, and does not appear to have been sutured in any way. The wound in the belly-wall was sewn up and dressed with a complicated array of balsams, lotions, and compresses. With the exception of hematuria, the man recovered without any troublesome symptom.

CASTOR-OIL AND GLYCERINE AS A PURGATIVE.—Mr. Wm. Soper, in the Lancet of February 10th, says: After many months' experience, I now feel justified in bringing to your notice the great advantages of a combination of the above two drugs in equal proportions to act as a purgative. Glycerine has great therapeutic value, especially in its solvent properties, and this combination renders it especially valuable. In regard to castor-oil, I think a great mistake has been made in the largeness of dose administered, and in this mixture only half a teaspoonful is required combined with an equal bulk of glycerine. In all cases of chronic constipation, hemorrhoids, and anemia, it has proved most useful. A scybalous motion is apparently emulsified, and is passed with the greatest ease. I have also given half-teaspoonful doses in the early stages of bronchitis, which seemed to promote exudation from the tubes, and it is certainly expectorant.

THE OLEATES.—About 1811 Chevreul discovered oleic acid. Afterward Professor Attfield's, the first English paper on the subject, was published twenty years ago. Mr. John Marshall's well-known paper was published in 1872. In 1879 Dr. James Sawyer, of Birmingham, published a paper on the beneficent effects of the oleates in skin troubles.

SPIRIT OF TURPENTINE is now made from sawdust and refuse of the sawmill.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, U. S. A., from March 10, 1883, to March 17, 1883.

Brown, Harvey E., Major and Surgeon, temporarily assigned to duty at Mount Vernon Barracks, Alabama, during the absence on leave of Captain T. A. Cunningham. (Par. 2, S. O. 17, Department of the South, March 6, 1883.) *Williams, J. W.*, Major and Surgeon, upon being relieved from duty at Fort Cœur d'Aléne, Idaho, will proceed to Fort Walla Walla, Washington Territory, and report for duty as medical officer of that post. (Par. 5, S. O. 24, Department of the Columbia, March 1, 1883.) *Cunningham, T. A.*, Captain and Surgeon, granted leave of absence for twenty days, to take effect from the 21st instant. (Par. 1, S. O. 17, Department of the South, March 6, 1883.) *Heizmann, Chas. L.*, Captain and Surgeon, to be relieved from duty in the Department of the South and assigned to duty at Columbus Barracks, Ohio. (Par. 8, S. O. 58, A. G. O., March 12, 1883.) *Taylor, B. D.*, Captain and Assistant Surgeon, to be relieved from duty at Fort Ringgold, Texas, and will, so soon as able, report to the commanding officer, Fort Clark, Texas, for duty. (Par. 6, S. O. 25, Department of Texas, March 9, 1883.) *Wood, Marshall*, Captain and Surgeon, is assigned to duty at Fort Cœur d'Aléne, Idaho. (Par. 5, S. O. 24, Department of the Columbia, March 1, 1883.) *Brechemin, Louis*, First Lieutenant and Assistant Surgeon, to proceed to Fort Brady, Michigan, and report to the commanding officer for duty at that post. (Par. 1, S. O. 41, Department of the South, March 14, 1883.)